

Work Order ID 100126

April-18-13 10:25:38 AM

100126

Page 1

Item ID: 646.3713

Accept

Revision ID:

Item Name: Gusset

Start Date: 4/18/13

Start Qty: 10.00

10

Required Date: 5/02/13

Req'd Qty: 10.00

10

Reference:

Approvals: Process Plan:

*MLS*Date: *13-04-18*

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3700	A								

110

0.00

110

Waterjet

Memo

0.00

10 0 JM13-4-28

FLOW CNC Waterjet

60061.003

1-Cut as per Dwg

Dwg Rev: *A*Prog Rev: *A*

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

Memo

0.00

10 0 JM13-4-28

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order:			DISPOSITION			AGAINST DEPARTMENT/PROCESS																																						
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>																								
Part No. _____			Work Order Update <input type="checkbox"/>																																									
NCR No. _____																																												
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector																															
Doc/Data																																												
Equip/Tooling																																												
Operator																																												
Material																																												
Setup																																												
Other																																												
Process																																												
Supplier																																												
Training																																												
Unapproved																																												
FAULT CATEGORY																																												
Landing Gear				General																																								
				Bending <input type="checkbox"/>	Centre Not Concentric to O/S <input type="checkbox"/>	Cracks <input type="checkbox"/>	Crushed/Crimped. <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Inspection Strip in Tube <input type="checkbox"/>	Ripples in Bend <input type="checkbox"/>	Torque Waves in Extrusion <input type="checkbox"/>	Turning Sequence <input type="checkbox"/>	Wave/Twist in Tube <input type="checkbox"/>	Bend <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Burrs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Countersink <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Drawing <input type="checkbox"/>	Finish <input type="checkbox"/>	Folio <input type="checkbox"/>	Grain <input type="checkbox"/>	Hardware <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>	Offset <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	<input type="checkbox"/> Other

Work Order ID 100126

April-18-13 10:25:38 AM

100126

Page 2

Item ID: 646.3713

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 4/18/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/02/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

130

130

QC

Quality Control

Operation
Description

QC8- Inspect parts - second check

Set Up/
Run Hours

0.00

QAS

27

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

10

134.29

140

Bend as per dwg

0.00

140

Brake NC

Brake NC

Memo

0.00

10

SB
13/04/20

150

QC5- Inspect part completeness to step on W/O

0.00

QAS

21

150

QC

Quality Control

Memo

0.00

135.DJ

10

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other						
Part No. _____													
NCR No. _____													
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other <hr/> <hr/> <hr/>			

Work Order ID 100126

April-18-13 10:25:38 AM

100126

Page 3

Item ID: 646.3713

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset

Stop

NS2

Start Date: 4/18/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/02/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							<i>CL 13/05/14 10</i>
Outsource process - Anodize	Memo ISSUE P/O: <u>19887</u> HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)	0.00							
170 *170* Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							<i>73/025 01</i>
Packaging	Memo	0.00							<i>73/025 01</i>
180 *180* QC	QC5- Inspect part completeness to step on W/O	0.00							<i>WIA</i>
Quality Control	Memo	0.00							

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>				
NCR No. _____			Work Order Update <input type="checkbox"/>												
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data <input type="checkbox"/>															
Equip/Tooling <input type="checkbox"/>															
Operator <input type="checkbox"/>															
Material <input type="checkbox"/>															
Setup <input type="checkbox"/>															
Other <input type="checkbox"/>															
Process <input type="checkbox"/>															
Supplier <input type="checkbox"/>															
Training <input type="checkbox"/>															
Unapproved <input type="checkbox"/>															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
														<input type="checkbox"/> Other	

Work Order ID 100126

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100126

Page 4

Item ID: 646.3713

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset

Start Date: 4/18/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/02/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID
190

190

SprayPaint

Spray Painting

Operation
Description

Set Up/
Run Hours
0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

200

200

QC

Quality Control

QC14. Inspect Spray Paint

0.00

*DAS
27
80*

Prime At

CL 13/05/14 10

A.T.G

10

210

210

Packaging

Packaging

Identify as per dwg & Stock Location:

0.00

SDS 36

0.00

BS 24

Memo

Memo

IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND REV

73/07/14 (10)

DQA: _____ Date: _____

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data <input type="checkbox"/>	Equip/Tooling <input type="checkbox"/>										
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear				General							
Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>							
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>							
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>							
Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>								
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>							
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>									
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>									

Work Order ID 100126

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100126

Page 5

Item ID: 646.3713

Accept

Revision ID:

Item Name: Gusset

Start Date: 4/18/13 Start Qty: 10.00

10

Required Date: 5/02/13 Req'd Qty: 10.00

10

Reference:

N900040100

Setup

Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

220

220

QC

Quality Control

Operation
Description

QC21- Final Inspection - Work Order Release

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

13/5/27/08

MCS 130527

Memo

0.00

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

Picklist Print

April-18-13 10:25:41 AM

Page 1

Work Order ID: 100126

100126
646 3713

Parent Item: 646.3713

Parent Item Name: Gusset

Start Date: 4/18/13

Required Date: 5/02/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.063		Purchased	No			110	sf	220.8625	0.299	3.147368	**	3.5	Jmr3-4-28

M6061T6S 063

6061-T6 .063 Sheet

Location	Loc Qty	Loc Code
MAT021	220.8625	
123135	120.5625	
124003	100.3	

125431

125431

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

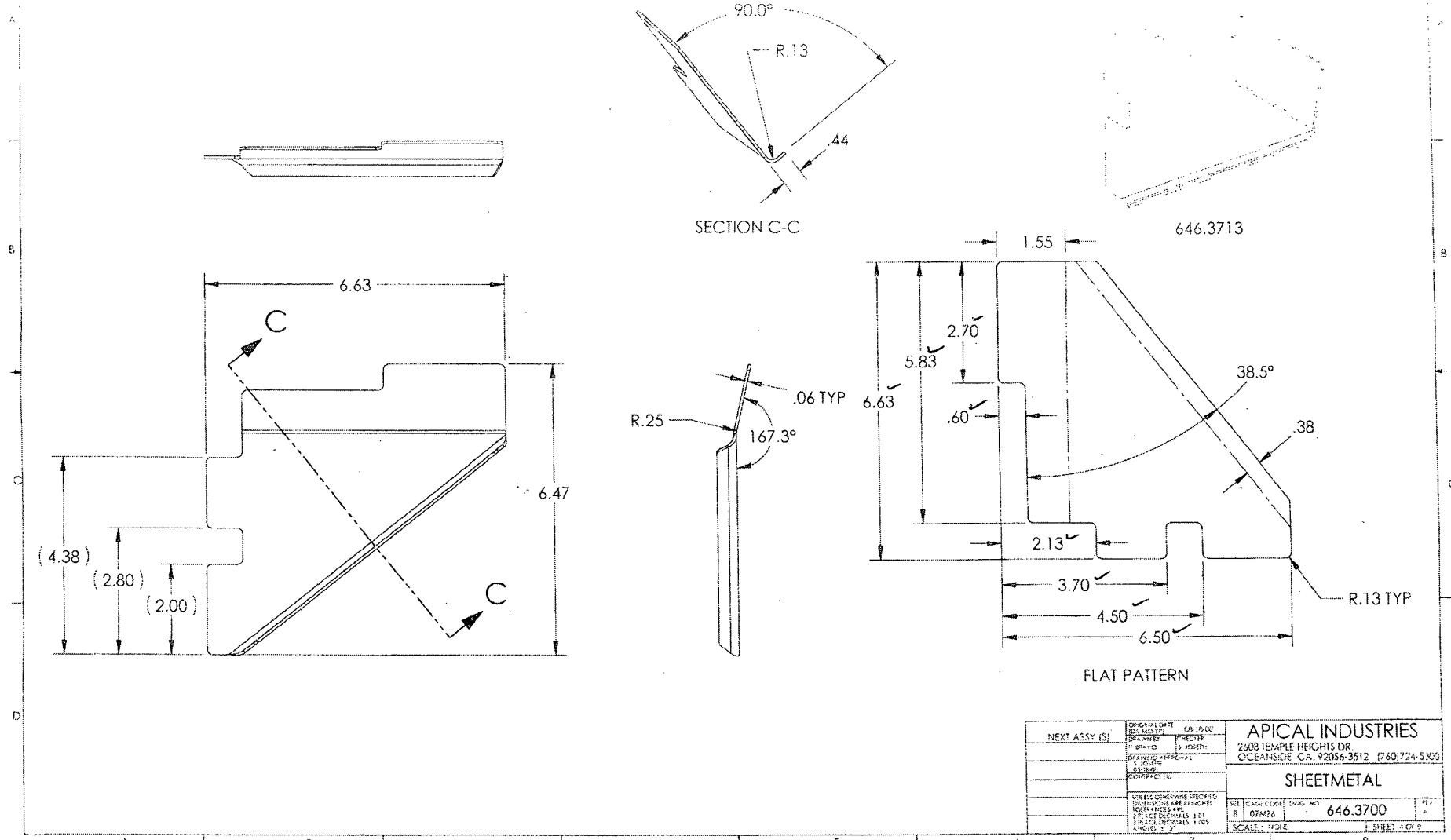
Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

DART AEROSPACE LTD	Work Order:	100126
Description: Gusset	Part Number:	646.3713
Inspection Dwg: 646.3700 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

2A5

Measured by:	Jm	Audited by:	27 8-69	Preliminary Approval:	
Date:	13-4-28	Date:	13-4-29	Date:	
Rev	Date	Change		Revised by	Approved
A	12.11.27	New Issue		KJ	





A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62398

Date: 24-May-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
1 lot	<p>Part: ASST</p> <p>Rev:</p> <p>20 PCS 646.3812</p> <p>10 PCS 646.3717</p> <p>20 PCS 646.3718</p> <p>20 PCS 646.3719</p> <p>20 PCS 646.3713</p> <p>12 PCS 646.3714</p> <p>25 PCS 646.3813</p> <p>32 PCS 646.3810</p> <p>HARD ANODIZE BLACK</p> <p>MIL-A-8625 TYPE III CLASS 2</p> <p>PRIME MIL-P-23377J TYPE I CLASS N</p> <p>6 PCS D4703-042</p> <p>16 PCS D4726-1</p> <p>BLACK ANODIZE</p> <p>MIL-A-8625 TYPE II CLASS 2</p> <p>Job: 20130308</p> <p>PO: 19887</p> <p>Line:</p>	
	<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED</p> <p>ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>24/5/13</u></p> <p>CERTIFIED SIGNATURE: <u>MR</u></p> <p>RECEIVER SIGNATURE: _____</p>	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62398

Date: 24-May-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
1 lot	Part: ASST 20 PCS 646.3812 10 PCS 646.3717 20 PCS 646.3718 20 PCS 646.3719 10 PCS 646.3713 12 PCS 646.3714 25.PCS 646.3813 32 PCS 646.3810 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N 6 PCS D4703-042 16 PCS D4726-1 BLACK ANODIZE MIL-A-8625 TYPE II CLASS 2 Job: 20130308	Rev: PO: 19887 Line:
	Certificate of Conformance A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE: <u>24/5/13</u> CERTIFIED SIGNATURE: <u>M</u> RECEIVER SIGNATURE: <u></u>	